

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

John GARRETT

COURT CASE NUMBER

04-863-GMS

TYPE OF PROCESS

CIVIL

DEFENDANT

Dr. Alie

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



DR. ALIE, FCM (FIRST CORR MEDICAL)

ADDRESS (Street or RD, Apartment No., City, State and ZIP Code)

DELAWARE CORRECTIONAL CENTER

AT

1181 Paddock Road, Smyrna, Delaware 19977

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

John GARRETT
158196, 5-1 Bldg.
1181 Paddock Rd.
Smyrna, DE. 19977

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

2

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PAUPER CASE

Signature of Attorney or other Originator requesting service on behalf of:

John Garrett

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

N/A

DATE

1-3-2005

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

1-26-05

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Waiver returned

2005 MAR 18 PM 1:19
FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE